

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540867

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	1					
6	1					
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
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35						
36						
37	1					
38						
39						
40	1					
41						
42						
43						
44						
45						
46	1					
47						
48						
49						
50						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						